

ORGANIZATIONAL SUPPORT PROGRAM
REQUEST FOR PAYMENT FORM FOR USE IN PERIODS 1-3

ORGANIZATION: _____

REQUEST PERIOD: (MONTH/DAY/YEAR) _____ / _____ / _____ through _____ / _____ / _____

PERSON COMPLETING FORM/TITLE: _____

TELEPHONE: _____ FAX: _____

EXPENSE CLASSIFICATION	TOT ALLOCATION	PAYMENTS TO DATE	TOTAL ORGANIZATION EXPENSES FOR THIS PERIOD	PAYMENT REQUEST FOR THIS PERIOD
PERSONNEL: Wages and Benefits				
Artistic (A)				
Administrative (AD)				
Education (E)				
Technical Production (TP)				
Other (OP) _____				
PERSONNEL SUBTOTAL				
OPERATING: Non-Personnel				
Facility/Space (inc. rentals) (FS)				
Marketing (M)				
Education (EE)				
Production/Exhibition (PE)				
Fundraising (FR)				
Other (OO) _____	1			
OPERATING SUBTOTAL				
GRAND TOTAL				

AUTHORIZATION

On behalf of the above named organization, I request the above payment amount.

Signature _____ Date _____

Print Name _____ Title _____ Telephone No. _____

Approved: _____ Date: _____

VICTORIA L. HAMILTON, Executive Director, City of San Diego Commission for Arts and Culture

This form cannot be emailed. Please print it out, sign it, and mail it to the Commission. Address given on next page.

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REQUEST FOR PAYMENT BUDGET DETAILS

Please provide details on expenditures in the lined spaces below. Use code letters to classify expenditures. The Classification Code Letters correspond to those used on the first page of this form, as well as those used on the Budget Summary (Exhibit A) in your Agreement. If you need additional space to record the check and vendor information, please attach additional pages. **RETAIN A COPY FOR YOUR RECORDS.**

EXPENSE CLASSIFICATION CODE LETTERS

PERSONNEL - WAGES & BENEFITS

A Artistic
AD Administrative
E Education
TP Technical Production
OP Other (Personnel)

OPERATING – NON-PERSONNEL

FS Facility/Rentals
EE Education
M Marketing
PE Production Exhibition
FR Fundraising Expenses
OO Other (Operating)

CHECK NUMBER	DATE	VENDOR	AMOUNT	CODE LETTER
		Only submit information on checks for which you are seeking reimbursement.		

MATCHING INCOME INFORMATION: **You are required to match your City TOT funding 3:1**

- Total matching dollars required for this contract year: _____
- Total matching dollars received to date: _____
- Matching dollars required for this request period: _____
- Please indicate sources and amounts of matching income you have received for this request period:

<u>Date</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____